

EXCESS LODGING RATE REQUEST / APPROVAL

STD. 255C (Rev. 12/2005)

**Prior Department of Personnel Administration (DPA) approval is required
for amounts that exceed the delegated lodging rates.
Submit APPROVED request with Travel Claim.**

CLAIMANT'S NAME (Print or Type)	PRIMARY RESIDENCE (City, State and ZIP Code)	WORK PHONE NUMBER (Include Area Code)
DEPARTMENT	DIVISION / OFFICE	HEADQUARTERS CITY
ADVANCE DEPARTMENTAL APPROVAL REQUIRED		ADVANCE DEPARTMENTAL AND DPA APPROVAL REQUIRED
<input type="checkbox"/> Regular travel over current state rate up to \$140.00 per night for all Represented and Excluded employees. <input type="checkbox"/> State-sponsored and non-state sponsored conferences and conventions up to \$150.00 per night. <i>(Attach documentation.)</i>		<input type="checkbox"/> Regular travel over \$140.00 per night for all Represented and Excluded employees. <input type="checkbox"/> State-sponsored and non-state sponsored conferences and conventions over \$150.00 per night. <i>(Attach documentation.)</i>

CURRENT STATE LODGING REIMBURSEMENT RATES:

All California counties not listed below	Actual expense up to \$84 per night, plus tax
Los Angeles and San Diego counties	Actual expense up to \$110 per night, plus tax
Alameda, San Francisco, Santa Clara, and San Mateo counties	Actual expense up to \$140 per night, plus tax

TRAVEL DATES	FROM (Month, Day, Year)	LODGING INFORMATION	LODGING NAME
	TO (Month, Day, Year)		ADDRESS
POINT OF ORIGIN	PHONE		ROOM RATE
DESTINATION - ADDRESS AND CITY	\$		

REASON(S) FOR HIGHER LODGING RATE

- | | |
|--|---|
| <input type="checkbox"/> Employee required to stay at lodging site. | <input type="checkbox"/> Lack of transportation to alternative lodging. |
| <input type="checkbox"/> Employee is handicapped and requires "reasonable accommodation." | <input type="checkbox"/> No alternative lodging available. |
| <input type="checkbox"/> State business will be conducted in late night meetings. | <input type="checkbox"/> Emergency travel. |
| <input type="checkbox"/> Cost of transportation to alternative lodging equals cost of requested lodging. | <input type="checkbox"/> Other. |

Explain why each of the above checked reasons apply. Document "Good Faith" effort to obtain lodging from 3 vendors at or below the state rate for the location of travel. Use the DGS Lodging Guide (<http://www.catravelsmart.com>) to identify vendors who offer the approved lodging rate. (Attach additional page if necessary.)

Attach copies of agenda, lodging requirements, registration, etc.

I request prior approval of a lodging rate in excess of the state maximum rate for this destination.

CLAIMANT'S SIGNATURE	CLAIMANT'S TITLE	CBID	DATE SIGNED
DEPARTMENT CONTACT (Print or Type)	DEPARTMENT CONTACT'S TITLE	DEPARTMENT CONTACT'S PHONE NUMBER	
DEPARTMENT APPROVAL (Signature)	TITLE	DATE APPROVED BY DEPARTMENT	
DPA APPROVAL (Signature)	TITLE	DATE APPROVED BY DPA	